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I hereby revoke all previous pov	vers of attorney given in the	application identified in the att	ached statement under	
37 CFŔ 3.73(b).	, g	approanor racranec in the cas	doned didicinicini dildei	
I hereby appoint:				
Practitioners associated with t	he Customer			
OR				
Practitioner(s) named below (i	f more then ten practitioners are	e to be named, then a customer nu	umber must be used);	
		The second secon	1000	
Name	Registration Number	Name	Registration Number	
Sean McGeeha	en 48,537			
Mark Schroed	er 53,566			
Ari O. Pramue	lji 45,022			
Jeffrey L. Wer	edt 32,952			
Andrea E. Tra	n 55,685			
The address associated with Co	ustomer 065134			
Firm or Individual Name Address	alt a man of the last	The same of the sa		
City	State		Zip	
Country				
Telephone	Email	11 V-100-1-100 C-100-100-100-100-100-100-100-100-100-10		
Assignee Name and Address:				
	Cameron Health, Inc.			
905 Calle Amanecer, Suite 300 San Clemente, California 92673				
	oan Cicinente, Camorni	a 940/3		
A copy of this form, together	with a statement under	37 CFR 3.73(b) (Form PTO	/SB/96 or equivalent) is	
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act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignce				
Signature	100	Date	11/50PT/VZ	
Name	Jay A. Warren	Telephone	949 - 498 - 5630	
Title	President and CEO (Cameron Health, Inc.)	***************************************	***************************************	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.